



New England High Intensity Drug Trafficking Area

Course Enrollment Registration Form

(Please fill out completely!)

Course Name:	Courtroom Testimony	Date(s)	May 6-7, 2009
Location:	NEHIDTA Training Room, Methuen, MA		

First Name	Arrest Authority:	Social Security #- last 4 digits only	
Last Name	<input type="radio"/> YES		
M.I.	<input checked="" type="radio"/> NO		
	email		

Parent Agency (What agency signs your check? Spell Out)	Your Rank/Title-Spell Out. (If none , type none)

Job Mailing Address-(Spell out)		Phone Number	
Agency			
Address			
City	State	Zip Code	Other Number

Does your Agency participate in a HIDTA Initiative?		Parent Agency is:
<input checked="" type="radio"/> Yes	Initiative Name	<input type="radio"/> No
		Federal

Section below must be completed by Supervisor

Approved by: (Supervisor's First name, MI, Last name)	Supervisor's Signature:
Rank/Title:	Title:
Agency and Address:	Telephone:

Please **fax this Registration Form** to Cynthia Kahrman at **978-691-2510**.
 A hard copy or fax **must be received with supervisor's approval before confirmation is sent.**
A confirmation letter will be sent as a reminder 2-3 weeks prior to the class.